

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS
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September 24, 1997

ADP #97-57

TO: County Alcohol and Drug Program Administrators
Drug/Medi-Cal Providers

SUBJECT: Drug/Medi-Cal Claiming Procedures and Requirements

Effective July 1, 1997, Assembly Bill (AB) 2071 was fully implemented. This resulted in several changes to the Drug/Medi-Cal (D/MC) claim and reimbursement processes and the application of new rates to D/MC services. This letter will clarify and reiterate the new D/MC claiming procedures and reporting requirements.

I. Maximum Monthly Allowance - Narcotic Treatment Programs (NTPs)

Maximum monthly allowances apply only to NTPs. A daily rate of \$5.66 for regular alcohol and drug services and \$6.57 for perinatal services may be claimed for dosing, core, and laboratory services. For **all** months (i.e., months with as few as 28 days or as many as 31 days), the maximum monthly allowance is \$172.10 and \$199.74 respectively. Claims which exceed the maximum monthly allowance will be reduced by the automated billing system; reimbursements will be made accordingly.

Counseling services must be claimed separately from daily dosing, core, and laboratory services.

A maximum of 20 ten-minute intervals (i.e., 200 minutes) per client per month is allowed for group and/or individual counseling services. Consecutive days of counseling may not be claimed on the ADP 1584 D/MC Eligibility Worksheet. Each counseling session must be claimed separately on one line on the worksheet.

II. Good Cause

Claims for all D/MC services must be presented to the Department of Alcohol and Drug Programs (ADP) no later than 30 calendar days after the month of service. If a late claim is submitted, good cause criteria shall apply. The conditions for good cause are delineated in California Code of Regulations, Title 22, Sections 51008 and 51008.5.

III. Service Function Codes

Changes in service function codes apply for Fiscal Year 1997-98. The new service function codes are listed on Enclosure 1. Please be sure to use the correct codes when services are claimed on the ADP 1584 D/MC Eligibility Worksheet.

IV. County Contacts

All counties and D/MC providers are assigned to a specific staff person in the D/MC Claims Section. Enclosure 2 identifies the staff person assigned to each county. Questions regarding D/MC claims and monthly interim payment claims may be directed to the person assigned to the county.

We hope this information is helpful. If you have other questions or issues about AB 2071 or D/MC implementation, please feel free to call the ADP Hotline at (916) 323-0447.

Sincerely,

[Original Signed By]

GLORIA J. MERK, II
Deputy Director
Program Operations Division

Enclosures:

- 1) [Service Function Codes](#)
- 2) [County Contacts for D/MC and Monthly Interim Payment Claims](#)

cc: Wagerman Associates, Inc.
Director's Advisory Council